

Wisconsin Department of Regulation & Licensing

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EXAMINING BOARD OF ARCHITECTS, LANDSCAPE ARCHITECTS, PROFESSIONAL ENGINEERS, DESIGNERS & LAND SURVEYORS

DESIGNER SECTION

VERIFICATION OF MASTER PLUMBER LICENSE

Information requested is required for processing.

SECTION I - Applicant to complete this section and forward form to Department of Commerce, Safety & Buildings Division, Box 7082, Madison WI 53707.

Name _____ Date of Birth _____
(Type or print name)
Address _____ MP License # _____
City _____ State _____ Zip Code _____

SECTION II - Bureau of Plumbing to complete this section and return to the Department of Regulation and Licensing at the address shown above.

- A. The individual named under Section I is licensed as a Master Plumber in the State of Wisconsin and the following information is as shown in our records.
- B. Licensed on _____ and issued License # _____.
(date)
- C. License is current and will expire on _____, unless renewed.
- D. Was formal disciplinary action ever taken against the above named individual?
☐ Yes ☐ No If yes, please give details on reverse side.
- E. License was granted on the basis of:
☐ Written Examination _____ hours.
☐ Oral Examination _____ hours.
☐ Examination of Qualifications - Education and Experience.
- F. If Master Plumber's license is restricted, please provide details:

COMPLETED BY _____

TITLE _____

DATE _____

AGENCY SEAL